04/16/2008 16:12

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			, tile		iii Adtiio	ileca Coll				Office U	se Only	
1.	NAME OF COMMITTEE (in full)			MAILING L OR PRINT		Example:If over the lin	typing, ty es	ре				
Ш	Americas Health Insurance	Plans P	AC (A	HIP PAC)		1 1 1				1 1 1 1 1		
1 ,		1 1	1 1	1 1 1	1 1 1 1	1 1 1	1 1 1	1 1 1 1	1 1 1		1 1	. .
		ı 601	Pen		venue NW							
AD	DRESS (number and street)											
Г	Check if different	Jul	le 50	O South Bu								
	than previously reported. (ACC)	Wa	shing	iton					DC		20004	-
2.	FEC IDENTIFICATION NU	MBER	*	_	CITY	4		5	STATE	L	ZIPCOL	DE 🛕
	C00106740				3. IS TI REP		NE\ (N)	N OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b		oort	Feb 20	(M2)	Ma	y 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Du	e On:	Mar 20	(M3)	Jur	20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			X	Apr 20	(M4)	Jul	20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report(0	Q1)	(c)	12-Day		Prima	y (12P)		Ger	neral (12G)		Runoff (12R)
	July 15 Quarterly Report(0	Q2)	` '	PRE-Elec		=	ntion (120	, <u> </u>	=			, ,
	October 15 Quarterly Report(0	Q3)		перин по	i tile.	Conve	1111011 (120		Spe	ecial (12G)		
	January 31 Quarterly Report(\	YE)			Election o	n .					in the State o	f
	July 31 Mid-Year Report(Non-electi Year Only) (MY)		(d)	30-Day Post -Ele		Gener	al (30G)		Rur	noff (30R)		Special (30S)
	Termination Repo (TER)	rt		·	Election o	on					in the State o	f .
5.	Covering Period 0	3	01	20	0 8	thr	ough	03	3 1	2008		
l ce	ertify that I have examined this	Report a	and to	the best o	f my knowle	edge and bel	ef it is tru	e, correct a	and comp	olete.		
Тур	oe or Print Name of Treasurer	Ro	obert	Borchardt								
Sig	nature of Treasurer Electron	onically F	-iled I	oy Robei	rt Borchardi	i <u> </u>		Da	ate	04 1	6	2008
NO	TE : Submission of false, erro	oneous, o	or inc	omplete inf	ormation m	ay subject th	e person	signing this	s Report	to the penalties	of 2 U.S	S.C 437g.
	Office Use										FOR ev. 12/200	

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

F	eport Covering the Period: From:	01 2008	To: 0 3 3 1 2 0 0 8
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž008 Y Y		167489.76
	(b) Cash on Hand at Begining of Reporting Period	172061.86	
	(c) Total Receipts (from Line 19)	20174.13	64802.95
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	192235.99	232292.71
	Total Disbursements (from Line 31)	35925.62	75982.34
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	156310.37	156310.37
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

From:

Report Covering the Period:

м м 0 3 01

2008

To: 0 3 3

^D 3 1

^Y 2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	14168.51	28875.99
(ii) Unitemized	882.46	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15050.97	34444.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	5000.00	30000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20050.97	64444.57
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	123.16	358.38
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20174.13	64802.95
Total Federal Receipts (subtract Line 18(c) from Line 19)	20174.13	64802.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS COLUMN A COLUMN B

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures:	Total Tillo I cilou	Calcillati Feat to Bate		
(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	175.62	482.34		
Expenditures(c) Total Operating Expenditures	173.02	402.34		
(add 21(a)(i), (a)(ii) and (b))	175.62	482.34		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	35500.00	75000.00		
Independent Expenditure (use Schedule E)	0.00	0.00		
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
. Other Disbursements	250.00	500.00		
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,	25025 62	75092.24		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35925.62	75982.34		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	35925.62	75982.34		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	20050.97	64444.57
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20050.97	64444.57
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	175.62	482.34
37.	Offsets to Operating Expenditures (from Line 15, page 3)	123.16	358.38
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	52.46	123.96

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 32 (check only one) X
0	any information copied from such Reports and r for commercial purposes, other than using the	Statements may he name and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	AC (AHIP PAC)	
۷.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	lding		03 15 2008
	City Washington	State DC	Zip Code 20004	Transaction ID: 180318-1 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000-	62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n per Services and Profession Year-to-Date ▼ 375.00	al De
. –	Full Name (Last, First, Middle Initial) James Balda Mailing Address 601 Pennsylvania Av	venue Northwe	et	Date of Receipt
	South Building, Suite		51	03 31 2008
	City	State	Zip Code	Transaction ID: 280328-1
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation VP Memb	n per Services and Profession	al De
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	
_	Full Name (Last, First, Middle Initial) Christy Bell			Date of Receipt
	Mailing Address 7 Spring Lake Drive			03 05 2008
	City	State	Zip Code	Transaction ID: 31e6b62dcfd5adcc0ed
	Far Hills FEC ID number of contributing federal political committee.	NJ C	07931	Amount of Each Receipt this Period 3000.00
	Name of Employer Horizon BCBSNJ	Occupation Manager	1	
	Receipt For: Primary General Other (specify) ▼	_,	Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)			3125.00

SCHEDULE A (FEC Form 3X)

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	omercial purposes, other than using the of COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	icas Health Insurance Plans PAC ame (Last, First, Middle Initial)	(AHIP PAC	j) 	
Carme	Ila Bocchino J Address 601 Pennsylvania Aven	ue N.W.		Date of Receipt
<u> </u>	Suite 500, South Buildir	~	7:- Oada	03 15 2008
City	nington	State DC	Zip Code 20004	Transaction ID: 180318-2
FEC II	D number of contributing political committee.	C	20004	Amount of Each Receipt this Period 208.33
<u>Plans</u> Receip	of Employer ca's Health Insurance ot For: Primary		n e Vice President, Clinical Aff e Year-to-Date ▼ 1249.98	
Carme	ame (Last, First, Middle Initial) lla Bocchino			Date of Receipt
Mailing ———	Address 601 Pennsylvania Aven South Building Suite 50	03 / 31 / 2008		
City		State	Zip Code	Transaction ID: 280328-2
FEC II	nington O number of contributing Opolitical committee.	C	20004-2601	Amount of Each Receipt this Period 208.33
Americ <u>Plans</u>	of Employer ca's Health Insurance	-	e Vice President, Clinical Aff	
	or For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1249.98	
	ame (Last, First, Middle Initial) Bricker			Date of Receipt
Mailing	Address 601 Pennsylvania Aven Suite 500, South Buildin			03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 180318-5
<u>Wash</u>	nington	DC	20004	Amount of Each Receipt this Period
	O number of contributing political committee.	C		41.67
<u>Plans</u>	of Employer ca's Health Insurance	-	Director	
	ot For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.02	
SUBTOT	AL of Receipts This Page (optional)			458.33
	AL of Receipts This Page (optional) This Period (last page this line number of)	170000

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports are for companying a suppose of the tiber unions.	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any person	FOR LINE NUMBER: PAGE 8 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F			solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania A South Building, Suit		est	Date of Receipt 0 3 3 1 2 0 0 8		
City	State	Zip Code	Transaction ID: 280328-5		
Washington	DC	20004-2601	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		41.67		
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n I Director e Year-to-Date ▼ 250.02			
	Francie Burkhart Mailing Address 601 Pennsylvania Avenue N.W.				
-	Suite 500, South Building City State Zip Code				
Washington	DC	20004	Transaction ID: 180318-7		
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00		
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- 1	Political Affairs e Year-to-Date 750.00			
Full Name (Last, First, Middle Initial) Francie Burkhart			Date of Receipt		
Mailing Address 601 Pennsylvania A South Building, Suit		est	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280328-7 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans	Occupation Director	n Political Affairs	7		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 750.00			
SUBTOTAL of Receipts This Page (optional	(l(lr		291.67		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any po	r used by any person olitical committee to s	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Ave South Building, Suite City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		roduct Policy	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		eting and Graphic	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 1276 N Wayne Street #1223 City Arlington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code VA 22201-56 C Occupation Vice President, Mark Aggregate Year-to-Date	eting and Graphic	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional) .		>	229.16

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 32 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance		Date of Receipt M M M / D D / Y Y Y Y Y O 3 1 5 2 0 0 8 Transaction ID: 180318-11 Amount of Each Receipt this Period 62.50
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Exec Dir - AHIPS Learning & Resour Aggregate Year-to-Date ▼ 375.00	CCE C
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave South Building, Suite	500 State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Exec Dir - AHIPS Learning & Resour Aggregate Year-to-Date 375.00	ce C
Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Ave		Date of Receipt
Suite 500, South Build City Washington	State Zip Code DC 20004	Transaction ID: 180318-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	
SUBTOTAL of Receipts This Page (optional)		208.33

SCHEDULE A (FI	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one)
or for commercial purposes	, other than using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEI Americas Health Ins	= (In Full) urance Plans PAC (AHIP PAC	()	
Full Name (Last, First, N Jill Dowell	Middle Initial)		Date of Receipt
	Pennsylvania Avenue Northwe h Building, Suite 500	est	03 / 31 / 2008
City	State	Zip Code	Transaction ID: 280328-13
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			83.33
Name of Employer America's Health Insura Plans	nce Occupation VP, Fede	n eral Affairs	
Receipt For: Primary Other (specify) ▼	General	e Year-to-Date ▼ 499.98	
Full Name (Last, First, M Jeffrey Gabardi	/liddle Initial)		Date of Receipt
	Pennsylvania Avenue N.W. 500, South Building	03 / 15 / Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 180318-14
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			125.00
Name of Employer America's Health Insura Plans	nce Occupation Senior V	n ice President, State Affairs	
Receipt For:		e Year-to-Date	
Primary Other (specify) ▼	General	750.00	
Full Name (Last, First, N Jeffrey Gabardi	fiddle Initial)		Date of Receipt
Sout	Pennsylvania Avenue Northwe h Building, Suite 500		03 / 31 / 2008
City	State	Zip Code	Transaction ID: 280328-14
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contr federal political committee			125.00
Name of Employer America's Health Insura Plans	Senior v	ice President, State Affairs	
Receipt For:		e Year-to-Date ▼	
Primary Other (specify) ▼	General	750.00	
SUBTOTAL of Receipts T	<u> </u>		333.33

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Rick Haines	,	,	Date of Receipt
	Mailing Address 2600 6th Street South City Canton	west State OH	Zip Code 44710-1702	M M O 3 O 5 O 2 O 0 8 Transaction ID: b09655e6888b241d553 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2000.00
	Name of Employer AultCare Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation CEO Aggregate	e Year-to-Date ▼ 2000.00	
- В.	Full Name (Last, First, Middle Initial) Donna Horoschak Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt 0 3 1 5 2 0 0 8
	City	Transaction ID: 180318-18		
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	, '	on sident, Product Polcy e Year-to-Date ▼ 499.98	
- C.	Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite	03 / 31 / 2008		
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280328-18 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	, '	sident, Product Polcy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.98	
	SUBTOTAL of Receipts This Page (optional)			2166.66
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 32 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans F	PAC (AHIP PAC	(
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding		03 / 15 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 180318-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer	Occupation	n	
America's Healfh Insurance <u>Plans</u>	Director of	of Policy Development	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.02	
Full Name (Last, First, Middle Initial) Scott Keefer	1		Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Sui		est	03 / 31 / 2008
City	State	Zip Code	Transaction ID: 280328-20
Washington	DC	20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director	n of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			03 / 15 / Y Y Y Y
City	State	Zip Code	Transaction ID: 180318-22
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President, Clinical Affair	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.02	
SUBTOTAL of Receipts This Page (optional			125.01

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any person ing the name and address of any political committee to so as PAC (AHIP PAC)	for the purpose of soliciting contributions olicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Barbara Lardy Mailing Address 601 Pennsylvania	a Avenue Northwest	Date of Receipt
South Building, S	Guite 500	03 31 2008
City	State Zip Code	Transaction ID: 280328-22
Washington FEC ID number of contributing federal political committee.	DC 20004-2601	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Clinical Affair Aggregate Year-to-Date 250.02	
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania	a Avenue N.W.	Date of Receipt
Suite 500, South		0 3 1 5 2 0 0 8 Transaction ID: 180318-24
<u>Washington</u>	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Svp, Center for Health Policy & Resear Aggregate Year-to-Date 750.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux		Date of Receipt
	a Avenue Northwest Suite 500	03 31 2008
City Washington	State Zip Code DC 20004-2601	Transaction ID: 280328-24 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Health Policy & Resear	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	onal)	291.67

Las Vegas FEC ID number of contributing federal political committee. Name of Employer Sierra Health Services, Inc. Receipt For: Primary General Other (specify) ▼ Pagregate Year-to-Date ▼ Pagregate Year-to-Date ▼ Date of Receipt Mailing Address 165 Millview Drive Amount of Each Receipt this Period 2000.00 David O'Brien Date of Receipt Mailing Address 165 Millview Drive	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) X 11a
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing rederal political committee. Name of Employer Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Anthony Marion Name of Employer Suite 205 State Zip Code NV 89128-0424 FEC ID number of contributing rederal political committee. City Suite 205 City State Zip Code NV 89128-0424 FEC ID number of contributing rederal political committee. CED Receipt For: Primary General Occupation CED Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 3b2a7c797da4023d Amount of Each Receipt this Period Date of Receipt Date of Receipt this Period FEC ID number of contributing rederal political committee. City State Zip Code Primary General Other (specify) ▼ Date of Receipt Date of Receipt this Period Transaction ID: 74d4579552585251 Amount of Each Receipt this Period FEC ID number of contributing rederal political committee. City Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing tederal political committee. Pull Name (Last, First, Middle Initial) Anthony Marion Mailing Address 2724 N Tenaya Way Suite 205 City State Zip Code Any Professiona Receipt This Period FEC ID number of contributing tederal political committee. City State Zip Code NV 89128-0424 FEC ID number of contributing federal political committee. C Date of Receipt This Period Date of Receipt This Period This P	1	AC (AHIP PAC	C)	
Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. C 208.33 Size	Dan Leonard	venue NI M		-
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anthony Marion Mailing Address 2724 N Tenaya Way Suite 205 City State Zip Code Las Vegas NV 89128-0424 FEC ID number of contributing federal political committee. CED Primary General Other (specify) ▼ Date of Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Date of Receipt Name of Employer Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Name of Employer Sierra Health Services. CED CED City State Zip Code PA 15238 Fransaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period David O'Brien Mailing Address 165 Millview Drive City State Zip Code PA 15238 Fransaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period David O'Brien Mailing Address 165 Millview Drive City State Zip Code PA 15238 Fransaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period David O'Brien Mailing Address 165 Millview Drive City State Zip Code PA 15238 Fransaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period David O'Brien Mailing Address 165 Millview Drive City State Zip Code PA 15238 Fransaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period David O'Brien Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation EVP, Govt Services Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	000,			
PEC ID number of contributing federal political committee. C	-		·	
Receipt For:	•	DC	20004	Amount of Each Receipt this Period
Plans Cacepit For: Aggregate Year-to-Date ▼ 1041.65 Full Name (Last, First, Middle Initial) Anthony Marion Mailing Address 2724 N Tenaya Way Suite 205 State Zip Code Transaction ID: 3b2a7c797da4023d Amount of Each Receipt this Period Primary General Ceoupation CEO		C		208.33
Plans Captility Receipt For: Aggregate Year-to-Date ▼ 1041.65 Full Name (Last, First, Middle Initial) Anthony Marlon Mailing Address 2724 N Tenaya Way Suite 205 City State Zip Code NV 89128-0424 FEC ID number of contributing Federal Other (specify) ▼ Cocupation CEO Receipt For: Primary General Other (specify) ▼ Cocupation CEO Full Name (Last, First, Middle Initial) David O'Brien Mailing Address 165 Millview Drive City State Zip Code Date of Receipt Date of Receipt this Period Full Name (Last, First, Middle Initial) David O'Brien Mailing Address 165 Millview Drive City State Zip Code PA 15238 Transaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period FEC ID number of contributing Federal political committee. C Ceoupation Ceou	Name of Employer America's Health Insurance			
Primary	<u>Plans</u>			na
Full Name (Last, First, Middle Initial) Anthony Marlon Mailing Address 2724 N Tenaya Way Suite 205 City State Zip Code NV 89128-0424 FEC ID number of contributing federal political committee. Name of Employer Sierra Health Services, Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code NV 89128-0424 Amount of Each Receipt this Period CC Caugation CEO Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt Transaction ID: 3b2a7c797da4023d Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt State Zip Code Date of Receipt Date of Rece		Aggregate		7
Anthony Marlon Mailing Address 2724 N Tenaya Way Suite 205 City State Zip Code NV 89128-0424 FEC ID number of contributing federal political committee. CEO Receipt For: Primary General Other (specifyl) ▼ State Zip Code PA 15238 City State Zip Code NV 89128-0424 Amount of Each Receipt this Period Date of Receipt Transaction ID: 3b2a7c797da4023d Amount of Each Receipt this Period Date of Receipt Transaction ID: 3b2a7c797da4023d Amount of Each Receipt this Period Date of Receipt Transaction ID: 7b2				
City State Zip Code NV 89128-0424 FEC ID number of contributing federal political committee. Name of Employer Sierra Health Services, Inc. Receipt For: Primary General Other (specify) ▼ State Zip Code NV 89128-0424 Amount of Each Receipt this Period CEO Aggregate Year-to-Date ▼ Pill Name (Last, First, Middle Initial) David O'Brien Mailing Address 165 Millview Drive City State Zip Code Phitsburgh PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Every General Occupation EVP, Govt Services Receipt For: Primary General Occupation EVP, Govt Services Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Occupation EVP, Govt Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼				Date of Receipt
Las Vegas NV 89128-0424 Amount of Each Receipt this Period EC D number of contributing federal political committee. Name of Employer Sierra Health Services, Inc. Receipt For: Primary General Other (specify) ▼ Date of Receipt Date of Receipt Date of Receipt		у		
FEC ID number of contributing federal political committee. Name of Employer Sierra Health Services, Inc. Receipt For: Primary General Other (specify) ▼ City State Zip Code PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Other (specify) ▼ City State Zip Code PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Occupation EVP, Govt Services Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 2000.00	•		•	Transaction ID: 3b2a7c797da4023daa
Name of Employer Sierra Health Services, Inc. CEO		NV	89128-0424	Amount of Each Receipt this Period
Sierra Health Sérvices, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David O'Brien Mailing Address 165 Millview Drive City State Zip Code Pittsburgh PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		C		2000.00
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Cother (specify) ▼ Primary General City	Sierra Health Sérvices,	1	n	
Other (specify) ▼ 2000.00		Aggregate	e Year-to-Date ▼	_
Date of Receipt Mailing Address 165 Millview Drive City State Zip Code Pittsburgh PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M O 3 26 7 2008 Transaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period 2000.00			2000.00	
City Pittsburgh PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary Other (specify) ▼ City State Zip Code PA 15238 Transaction ID: 74d4b79b52ba5821 Amount of Each Receipt this Period 2000.00 Cocupation EVP, Govt Services Aggregate Year-to-Date ▼ 2000.00	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
Pittsburgh PA 15238 FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 2000.00 Aggregate Year-to-Date ▼ 2000.00	Mailing Address 165 Millview Drive			03 26 2008
FEC ID number of contributing federal political committee. Name of Employer Highmark Receipt For: Primary General Other (specify) ▼ Page 2000.00 C 2000.00 C 2000.00	•		•	Transaction ID: 74d4b79b52ba582183
Receipt For: Primary Other (specify) Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date 2000.00	*	PA	15238	Amount of Each Receipt this Period
Highmark EVP, Govt Services Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		C		2000.00
Primary General Other (specify) ▼ 2000.00	Name of Employer Highmark			
Other (specify) ▼ 2000.00		Aggregate	e Year-to-Date	_
SUBTOTAL of Receipts This Page (optional)			2000.00	
	SUBTOTAL of Receipts This Page (optional)		4208.33
	COSTOLIAL OF TOCOPIS THIS I age (optional	·/		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 32 (check only one) X 11a
A	ny information copied from such Reports and s r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	;)	
∠ \ .	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 15 7 2008
	City	State	Zip Code	Transaction ID: 180318-35
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation Executive		
	Plans Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
 3.	Full Name (Last, First, Middle Initial) Betsy Pelovitz			Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite		est	03 / 31 / 2008
	City	State	Zip Code	Transaction ID: 280328-34
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
 ;.	Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 / 15 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 180318-36
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident Strategic Communica	tion
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		696.96	
Γ.	SURTOTAL of Receipts This Dage (actions)			241.16
Ľ	SUBTOTAL of Receipts This Page (optional) .			
-	FOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and State	tements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (ame and add	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenu South Building, Suite 500		est	Date of Receipt 0 3 3 1 2 0 0 8
	City	State	Zip Code	Transaction ID: 280328-35
	Washington	DC	20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		116.16
	Name of Employer America's Health Insurance Plans Receipt For:		sident Strategic Communicat	ion
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 696.96	
- В.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	g		03 / 015 / 2008
	City	State	Zip Code	Transaction ID: 180318-37
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	499.98	
с. С.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Avenu South Building, Suite 500			03 / 31 / 2008
	City Washington	State DC	Zip Code 20004-2601	Transaction ID: 280328-36 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 499.98	
	SUBTOTAL of Receipts This Page (optional)		·····	282.82

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		03 15 2008
City	State Zip Code	Transaction ID: 180318-41
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance	Occupation Vice President, Professional Programs	
Plans Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Lisa Shreve		Date of Receipt
Mailing Address 12149 Darnley Ro	03 / 31 / 2008	
City	State Zip Code	Transaction ID: 280328-40
Woodbridge	VA 22192-6615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer America's Health Insurance Plans	Occupation Vice President, Professional Programs	6
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		03 15 2008
City Washington	State Zip Code DC 20004	Transaction ID: 180318-42 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance Plans	Occupation Svp, Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1226.10	
SUBTOTAL of Receipts This Page (option	al)	287.69

SCHEDULE A (FEC Form 3X)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
7	Americas Health Insurance Plans PAC Full Name (Last, First, Middle Initial)	(AHIP PAC	<i>)</i>) 	
۹.	Scott Styles Mailing Address 601 Pennsylvania Avel		est	Date of Receipt
	South Building, Suite 5	500 State	Zip Code	03 31 2008
	City Washington	DC	20004-2601	Transaction ID: 280328-41
	FEC ID number of contributing federal political committee.	C	20004-2001	Amount of Each Receipt this Period 204.35
	Name of Employer America's Health Insurance Plans		vernment Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1226.10	
3.	Full Name (Last, First, Middle Initial) Timothy Teynor Mailing Address 2600 Sixth Street Sout	hwost		Date of Receipt
	Mailing Address 2000 Sixth Street Sout	riwesi		03 05 2008
	City	State	Zip Code	Transaction ID: 3b4558f963f05ddb7cd
	Canton	OH	44710-1702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer AultCare	Occupation V.P Pu	_n ublic Policy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
_ :.	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			03 15 7 2008
	City	State	Zip Code	Transaction ID: 180318-46
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans		e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1249.98	
	SUBTOTAL of Receipts This Page (optional)			1412.68
	TOTAL This Period (last page this line number	only)	\	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 32 (check only one) X 11a
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions
	Americas Health Insurance Plans PAC	C (AHIP PAC)	
ے 4.	Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite 5		03 31 2008
	City	State Zip Code	Transaction ID: 280328-45
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	
— В.	Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build		03 15 2008
	City	State Zip Code	Transaction ID: 180318-47
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produc	et
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.02]
_ C.	Full Name (Last, First, Middle Initial) Rod Turner	L	Date of Receipt
	Mailing Address 601 Pennsylvania Ave South Building, Suite 5		03 / 31 / 2008
	City <u>Washington</u>	State Zip Code DC 20004-2601	Transaction ID: 280328-46 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	41.67
	Name of Employer America's Health Insurance Plans	Occupation Chief Actuary/Vice President, Produc	et
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.02	
[;	SUBTOTAL of Receipts This Page (optional)		291.67

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 21 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not the name and address	pe sold or used by any perso of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	AC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			03 15 2008
City		Zip Code	Transaction ID: 180318-48
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance	Occupation Deputy Direct	or, Federal Legislative	Δ
Plans Receipt For: Primary General	Aggregate Year	r-to-Date ▼	1
Other (specify) ▼	0 0 0	270.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 107 Chocolay Downs Drive			M M / D D / Y Y Y Y Y O S S S S S S S S S S S S S S
City	State	Zip Code	Transaction ID: 280328-47
<u>Marquette</u>		49855-9542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.00
Name of Employer America's Health Insurance Plans	Occupation Deputy Direct	or, Federal Legislative	Α
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Duane Wright			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 180318-51
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Dir	ector, Legislative Affair	
Receipt For: Primary General Other (specify)	Aggregate Year	-to-Date ▼ 375.00	
SUBTOTAL of Receipts This Page (optional)		152.50

A.

SCHEDULE A (FEC Form 3X)

PAGE 22/32 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Duane Wright Date of Receipt Mailing Address 601 Pennsylvania Avenue Northwest 3 1 03 2008 South Building, Suite 500 City State Zip Code Transaction ID: 280328-50 Washington DC 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 62.50 C federal political committee. Name of Employer America's Health Insurance Occupation Executive Director, Legislative Affair Plans Receipt For: Aggregate Year-to-Date Primary General 375.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	62.50
TOTAL This Period (last page this line number only)	•	14168.51

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 32 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and ac	ay not be sold or used by any perso ddress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\sqrt{}$	NAME OF COMMITTEE (In Full)	0)	
_	Americas Health Insurance Plans PAC (AHIP PA	G)	
	Full Name (Last, First, Middle Initial) American Enterprise Mutual Holding Company Pac		Date of Receipt
	Mailing Address 601 6th Avenue		03 26 7 9 9 9
	City State	Zip Code	Transaction ID: 8ac4a6332adb9dc0c1b
	Des Moines IA	50334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	00367524	5000.00
	Name of Employer Occupation	on	
	Receipt For: Primary General Other (specify) ▼ Aggregat	e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<u> </u>	5000.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 32 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC C Occupatio	Zip Code 20004 n e Year-to-Date ▼	Date of Receipt M M D D 2 0 0 8 Transaction ID: 96744-25075930356979 Amount of Each Receipt this Period 24.00 Wire Transfer Fee Reimbursement
B.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State DC C Occupatio	Zip Code 20004 n e Year-to-Date ▼ 358.38	Date of Receipt M M M O D D O D O D O D O D O D O D O D

SUBTOTAL of Receipts This Page (optional)	•	123.16
TOTAL This Period (last page this line number only)	•	123.16

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 25 / 32
ITEMIZED DISBURSEMENTS	for each category of the	(check only		24
	Detailed Summary Page			28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC (AF	IIP PAC)			
Full Name (Last, First, Middle Initial) Bank of America			Date of Disbursemen	
Mailing Address 730 15th Street, NW Second Floor			03 / 18	2008
City	State Zip Code DC 20005		Amount of Each Dish	oursement this Period
Purpose of Disbursement Wire Transfer Fee		001		12.00
Candidate Name		001 Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Citibank			Date of Disbursemen	
Mailing Address 1101 Pennsylvania Ave, 11th Floor	NW		03 0 4	['] 2008 [']
City Washington	State Zip Code DC 20004		Amount of Each Disk	oursement this Period
Purpose of Disbursement Merchant Service Fees		001		131.96
Candidate Name		Category/ Type		
Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Citibank			Date of Disbursemen	
Mailing Address 1101 Pennsylvania Ave, 11th Floor	NW		03 10	Y 2008
City Washington	State Zip Code DC 20004		Amount of Each Disk	oursement this Period
Purpose of Disbursement Merchant Service Fees		001		31.66
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	21		
State: District:				
SUBTOTAL of Disbursements This Page (optional)				175.62

TOTAL This Period (last page this line number only)

175.62

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NE NUMBER: PAGE 26 / 32 only one)							32	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b		22 28a	X	23 28b	F	24 28c	Н	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name			/ persor		the pu		e of s		iting co		outions	
NAME OF COMMITTEE (In Full)												
Americas Health Insurance Plans PAC (A	HIP PAC)											
Full Name (Last, First, Middle Initial) Boyd for Congress					Trans Date o					624	13532	289604
Mailing Address PO Box 15703 PO Box 15703					0 ^M 3	М	/ D	1 4	/ Y	ž	0 0 8	3 ^Y
City Tallahassee	State Zip Code FL 32317				Amou	nt o	f Each	n Dis	sburse	men	t this I	Period
Purpose of Disbursement 2008 Primary Contribution	12 02017	01	11							2	500.0	00
Candidate Name Rep. F. Allen Boyd, Jr.		Cate	0 ,									
Senate X President	ement For: 2008 Primary General Other (specify)											
State: FL District: 02												
Full Name (Last, First, Middle Initial) Coleman for Senate 08		Date o	of Di	sburs	eme	ent			338432			
Mailing Address 680 Transfer Road Suite	· A				0 3	М	/ D	14	/ L	ž	0 0 8	3
City St Paul	State Zip Code MN 55114				Amou	nt o	f Each	n Dis	sburse			-
Purpose of Disbursement 2008 Primary Contribution		01	11		L.	-		•		20	0.00.0	00
Candidate Name Sen. Norm Coleman		Cate Ty										
9 🗎	ement For: 2008 Primary General Other (specify)											
State: MN District:												
Full Name (Last, First, Middle Initial) Collins for Senator					Trans Date o		sburs	eme	ent	341	1821	551323
Mailing Address PO Box 1096					0 3	М	/ D	1 4	/ Y	ž	0 0 8	3 ^Y
City Bangor	State Zip Code ME 04402				Amou	nt o	f Each	n Dis	sburse	men	t this	Period
Purpose of Disbursement 2008 Priimary Contribution	11		L.	-		•		1(0.00.0	00		
Candidate Name Sen. Susan M. Collins		Cate Ty										
	ement For: 2008 Primary General Other (specify)											
State: ME District:	<u> </u>											
SUBTOTAL of Disbursements This Page (optional)										55	0.00	0

SCHEDULE B (FEC Form 3X)

TEMPER PLOPUPOPMENTS		Use separate schedule(s	5)	(check or		= NUMBER: PAGE 27 ly one)						
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a	Х	23 28b		24 28c	25 29	3
	y Information copied from such Reports and Stater for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)											
	Americas Health Insurance Plans PAC (A	HIP PAC)										
	Full Name (Last, First, Middle Initial) Committee To Elect McHugh					Date		isburs	emen		08514 2 0 0	66655
	Mailing Address 228 S. Washington St. S Suite 115								1 4			
	City Alexandria	State Zip Code VA 22314				Amou	ınt o	f Each	n Disb	ursem	ent this	Period
	Purpose of Disbursement 2008 Primary Contribution		_	01		<u>L.</u>					1000.	00
	Candidate Name Rep. John M. McHugh			ateg Typ	ory/ e							
	Senate President	ement For: 2008 Primary General Other (specify)										
	State: NY District: 23 Full Name (Last, First, Middle Initial)					Tron	a o o t	ion ID	. 570	00.1/	151074	48101
	Committee To Re-Elect Artur Davis To Co	ngress, the				Date M		isburs	emen		ž 0 0	
	Mailing Address PO Box 1845					0 3	_		1 4		200	8
	City Birmingham	State Zip Code AL 35201				Amou	ınt o	f Each	n Disb	ursem	ent this	
	Purpose of Disbursement 2008 Primary Contribution		_	01						•	1000.	00
	Candidate Name Rep. Artur Davis		1	ateg Typ	ory/ e							
		ement For: 2008 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress						of D	isburs	emen		277612	
	Mailing Address PO Box 9336					0,3	М	/ D.	1 4	/ L	žoŏ	8
	City Fargo	State Zip Code ND 58106				Amou	ınt o	f Each	n Disb	ursem	ent this	
	Purpose of Disbursement 2008 General Contribution			01	1					•	3500.	00
	Candidate Name Rep. Earl Pomeroy			ateg Typ	ory/ e							
	Office Sought: X House Senate President State: ND District: 01	ement For: 2008 Primary X General Other (specify)	1									
	otate. IND DISTIBLE UT					1						

	SCHEDULE B (FEC Form 3X)		Use separate schedule(s)				FOR LINE NUMBER: PAGE 28 / 32 (check only one)							32	
		SBURSEMEN		Detailed	category of the Summary Page		21b		22 28a	2	23 28b	24 28		25 29	E
		ed from such Reports rposes, other than usin													3
>	NAME OF COM	·			, μ										
	Full Name (Last, Earl Pomeroy	First, Middle Initial) for Congress							Trans Date o		n ID: 5		-325	02382	299
	Mailing Address	PO Box 9336							0 3	М /	1 4	1 /	Ý Ž	0 0 8	3 ^Y
	City Fargo		Sta N	ate D	Zip Code 58106				Amou	nt of E	Each D	Disbur			_
	Purpose of Disbu 2008 Primary Co						011	1					1:	500.0	0
	Candidate Name Rep. Earl Pom					Ca	ategory/ Type								
	Office Sought:	X House Senate President		ent For: Primary Other (spe	2008 General ecify)										
_	State: ND	District: 01 First, Middle Initial)										700		2012	
	Enzi for Us Se								Trans Date of		bursen	nent	-346	98122	273
	Mailing Address	PO Box 2775							0 3	M /	1 4	1 /	Ý Ž	0 0 8	3 ^Y
	City Cody		Sta W	ate /Y	Zip Code 82414				Amou	nt of E	Each D	Disbur	semen	t this f	Per
	Purpose of Disbu 2008 Primary Co						011]					5	0.000	0
	Candidate Name Sen. Michael E						ategory/ Type								
	Office Sought:	House X Senate President District:		ent For: Primary Other (spe	2008 General ecify)										
_	State: WY Full Name (Last, Friends of Blai	First, Middle Initial)							Trans Date of		n ID: 5		950	29848	381
	Mailing Address	PO Box 3197							0 3	М /	1 4	D /	Ý Ž	0 0 8	3 ^Y
	City Little Rock	•	Sta Al	ate R	Zip Code 72203				Amou	nt of E	Each D	Disbur	semen	t this f	Per
	Purpose of Disbu 2008 Primary Co	ntribution					011		<u></u>				3	0.000	0
	Candidate Name Sen. Blanche I	Lambert Lincoln					ategory/ Type								
	Office Sought:	House X Senate President		ent For: Primary Other (spe	2008 General ecify) ▼										
	State: AR	District:	I		•										

CHEDULE B (FEC Form 3X)	Use separate schedule(s)			FOR LINE NUMBER: PAGE 2 (check only one)							29 / 3	12	
EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	22 28a	Х	23 28b	F	24 28c		25 29	Н
ny Information copied from such Reports and Staten for commercial purposes, other than using the nam													
NAME OF COMMITTEE (In Full)		33 of any political	COII		50 10 3	onen com	.11001	10113	10111	300110	Omm		
Americas Health Insurance Plans PAC (Al	HIP PAC)												
Full Name (Last, First, Middle Initial)									_	'809-9	6158	9992	204
Friends of Mark Warner								isbur		ent	V .	V -	V
Mailing Address 1029 North Royal Street 2nd FI							М	Ĺ	14	ľĽ	20	8 0	
City Alexandria	State VA	Zip Code 22314				Amo	unt c	of Eac	h Dis	sburse	ment t	his P	erio
Purpose of Disbursement 2008 Primary Contribution			Г	011		L.					250	0.00)
Candidate Name Mark Robert Warner				atego	ory/								
	ement For:	2008		Туре									
χ Senate X	Primary	General											
President State: VA District:	Other (spe	ecify) 🔻											
Full Name (Last, First, Middle Initial)						Tron	6004	ion "). E7	'809-9	בפטפנ	'NEO	061
Impact America								isbur	_		,5U3/	UUU	J04
Mailing Address 228 W. Washington St. S	Ste. 115					0 ^M 3	М	/ D	1 ^D	/ Y	ž 0	8 Ď	Y
City	State	Zip Code				Amo	unt c	of Eac	h Dis	sburse	ment tl	his P	eric
Alexandria	VA	22314						-			EOO	00.00	<u> </u>
Purpose of Disbursement Contribution				011				-			500	0.00	J
Candidate Name				atego Type	ory/								
Office Sought: House Disburse	ement For:	2008		1) [
Senate	Primary	General											
President X State: District: Contrib	Other (spectation	ecity) 🔻											
Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund								ion II		'809-9 ent	0644	472	837
Mailing Address 715 Jones Street Suite 101						0 ^M 3	М	/ D	1 ^D	/ Y	ž 0	ŏ8	Y
	State	Zip Code				Amo	unt c	of Eac	h Dis	sburse	ment t	his P	eric
Fort Worth Purpose of Disbursement	TX	76102	_	_							300	0.00)
2008 General Contribution 0					-								
Candidate Name Rep. Kay Granger				atego Type									
Office Sought: X House Disburse Senate President	ement For: Primary Other (spe	2008 X General											
State: TX District: 12		oon <i>y)</i> ▼											
'							-				1050	0.00	_
SUBTOTAL of Disbursements This Page (optional)							0				1050	U.U U	,

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 30 / 32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	·		
Full Name (Last, First, Middle Initial) Mary Bono Mack Committee			Transaction ID: 57809-20565432310 Date of Disbursement
Mailing Address PO Box 3370			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & \end{smallmatrix} & \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ & 1 & 4 \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 8 \\ & 2 & 0 & 0 & 8 \end{bmatrix}$
City Palm Springs	State Zip Code CA 92263		Amount of Each Disbursement this Perio
Purpose of Disbursement 2008 Primary Contribution		011	1000.00
Candidate Name Rep. Mary Bono	sement For: 2008	Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify)		
State: CA District: 45 Full Name (Last, First, Middle Initial)			Transaction ID: 58199-95734804868
People with Hart Inc Mailing Address PO Box 435			Date of Disbursement O 3
City	State Zip Code		Amount of Each Disbursement this Perio
Wexford	PA 15090		1000.00
Purpose of Disbursement 2008 Primary Contribution		011	
Candidate Name Melissa A. Hart		Category/ Type	
9 1	sement For: 2008 X Primary General Other (specify)		
State: PA District: 04 Full Name (Last, First, Middle Initial)			Transaction ID: 57809-52572268247
Senate Majority Fund			Date of Disbursement
Mailing Address PO Box 32025			$\begin{bmatrix}\begin{smallmatrix}M&3&M\\0&3&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&0\\1&4&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&0&0&8\\2&0&0&8\end{smallmatrix}$
City Phoenix	State Zip Code AZ 85064		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	2500.00
Candidate Name		Category/ Type	
Senate President	sement For: 2008 Primary General X Other (specify)		
	ibution		4500.00
SUBTOTAL of Disbursements This Page (optional)	>	4500.00
TOTAL This Period (last page this line number on	y)		35500.00

ITEN	IZED DISBURSEMENT	Use separate schedule(s)	(check only 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
•		the name and address of any political cor	, ,	
\	ME OF COMMITTEE (In Full) nericas Health Insurance Plans F	AC (AHIP PAC)		
Fri	I Name (Last, First, Middle Initial) ends of Faber iling Address 7706 State Route	703		Transaction ID: 57809-0690729022026 Date of Disbursement M
Pui	lina rpose of Disbursement nfederal Contribution ndidate Name	State Zip Code OH 45822	011 category/	Amount of Each Disbursement this Period 250.00
Off	Senate President	Disbursement For: Primary General Other (specify) ▼	Туре	

		250.00
SUBTOTAL of Disbursements This Page (optional)		250.00
TOTAL This Period (last page this line number only)	•	250.00

Image# 28931165989

Form/Schedule: **F3XN**Transaction ID:

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.